09/02/2014 22 : 56

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)			PAGE 1 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination
			08 / 31 / 2014
Mailing Address 506 N Horton Street			Amount
City	State	Zip Code	90.00
Searcy	AR	72143	Transaction ID : 2cace1c4-20a7-42a8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	9 9	72382.59	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination
			08 / 31 / 2014
Mailing Address 506 N Horton Street			Amount
City	State	Zip Code	61.80
Searcy	AR	72143	Transaction ID : eccde826-fafa-4251-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		72382.59	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
-			
(a) SUBTOTAL of Itemized Independent Expendit	ures		151.80
(b) SUBTOTAL of Unitemized Independent Expen	ditures		
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan	[Electro	onically Filed] Date	9 09 03 2014
Signature		· · · Date	

So	chedule E)	LAI LITE	TOTILO		PAG FOR	E 2 OF SE OF FORM 2	62 4/48
	AME OF COMMITTEE (In Full)					FICATION NUMI	
۷	Vomen Speak Out PAC				C C005	30766	
Ch	heck if 24-hour report X 48-hour report	New repo	ort Amends repo		M M / D	D / Y Y	Y
	Full Name of Payee			Date	of Public Dist	ribution/Dissemin	ation
	Claire A Smith				M = M / D		Y
	Mailing Address 6610 Walcott Rd			Amo	unt		
	City	State	Zip Code	-		2	20.00
	Paragoud	AR	72450			Befad22-d2d1-46 ent or Obligation	
	Purpose of Expenditure Salary		Category/ Type 001		M M / D		4
	Name of Federal Candidate		Support	Office Soug	ıht: Ho	use District: _	00
	Mr. Mark L Pryor		X Oppose	Presi		nate State: _	AR
	Calendar Year-To-Date Per Election for Office Sought		72382.59	Disburseme	ent For: Other (specify)		General
	Full Name of Payee			Date	of Public Dist	ribution/Dissemin	ation
	Claire A Smith					31 / Y Y 201	Y Y 4
	Mailing Address 6610 Walcott Rd			Amo	ount		
	City	State	Zip Code	-		3	3.00
	Paragoud	AR	72450			f2cd7-ccfc-4296 ent or Obligation	i-a
	Purpose of Expenditure Mileage		Category/ Type 002	_ .	M = M / D		YY
	Name of Federal Candidate		Support	Office Soug	ght: Ho	ouse District: _	00
	Mr. Mark L Pryor		X Oppose	Presi	dent X Se		AR
	Calendar Year-To-Date Per Election for Office Sought		72382.59	Disburseme 2014	ent For: Other (specify)		General
	(a) SUBTOTAL of Itemized Independent Expenditures			• [7	23.0	00
	(b) SUBTOTAL of Unitemized Independent Expenditure	es		.	- 75		
	(c) TOTAL Independent Expenditures			·· •	1.7	4	
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	03	2014	
	Signature		_ · · · · · · · · · · · ·	, Li			

Schedule E)	INT EXTERE	TI OTILO	PAGE 3 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination
Mailing Address 404 Chancery Park Ct			08 31 2014 Amount
City Kernersville	State NC	Zip Code 27284	35.00 Transaction ID : f69432e4-1d2c-413d-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	275139.64	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination
Marillon Adalas a			08 / 31 / 2014
Mailing Address 404 Chancery Park Ct			Amount
City	State	Zip Code	6.00
Kernersville	NC	27284	Transaction ID : 4be51a67-6d75-4ad1-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expending	tures		41.00
(b) CURTOTAL of Unitermized Independent Expendent	a ditura a		
(b) SUBTOTAL of Unitemized Independent Expe	natures		
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 03 / 2014
o.g.iataro			

S	chedule E)	PAGE 4 OF 62 FOR SE OF FORM 24/48
V/	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report 48-hour report New report Amends report file	d on
	Full Name of Payee Heather N Montgomery	Date of Public Distribution/Dissemination
	Mailing Address 106 Wyncrest Ct	08 31 2014
	Too wyndest Ct	Amount
	City State Zip Code	50.00
	Hendersonville TN 37075	Transaction ID : 35978a26-cda8-4dd7-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / 31 / 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Dist 2014	oursement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
	Kinsey E Beck	08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 103 Glenhaven Ct	Amount
	City State Zip Code	50.00
	Harvest AL 35749	Transaction ID : 4255f09b-9edc-463b-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / 31 / 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For: Primary X General 4 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	100.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	[El - + 1 - El - 1]	00 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature Date	09 03 2014

Sche	edule E)	I EXI END	OIILO				PAGE 5 OF 62 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wor	men Speak Out PAC					С	C00530766
Check	if 24-hour report X 48-hour report	New repo	ort Ar	nends repo	ort filed on	M = M	/ D = D / Y = Y = Y
				1			
	ıll Name of Payee Kinsey E Beck				Dat	e of Publi	ic Distribution/Dissemination
Ма	ailing Address 103 Glenhaven Ct				Am	ount	
Cit	ty	State	Zip Code				55.50
Н	larvest	AL	35749				ID: 1af0cfa4-c861-4487-a ursement or Obligation
	urpose of Expenditure fileage		Category/ Type			M M M	31 2014
Na	ame of Federal Candidate			Support	Office Sou	ght:	House District:00
М	Ir. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		72382.59		Disbursem 2014	ent For: Other (sp	Primary
	ull Name of Payee Christopher Marquess				Dat	M - M	ic Distribution/Dissemination
Ma	ailing Address 110 W Pecan St				Am	08 ount	31 2014
Cir	ity	State	Zip Code				40.00
	/ille Platte	LA	70586		Tra r	saction II te of Disb	D : 6190724c-0010-4d60-a ursement or Obligation
	urpose of Expenditure Salary		Category/ Type			08	31 2014
Na	ame of Federal Candidate			Support	Office Sou	ıght:	House District: 00
M	1s. Mary L Landrieu			Oppose		<u> </u>	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		102990.7	77	Disbursem 2014	nent For: Other (sp	Primary X General
(a)	SUBTOTAL of Itemized Independent Expenditures	S			•		95.50
(b)	SUBTOTAL of Unitemized Independent Expenditu	ures			.		1 1 2 1 1 2 1
(c)	TOTAL Independent Expenditures						
with	der penalty of perjury I certify that the independer n, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	te or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	/ 03	/ Y Y Y Y Y 2014
(Signature		_				

Schedule E)	DENT EXTEND	TOTILO	<u> </u>	PAGE 6 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Christopher Marquess			08	31 / 2014
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		28.50
Ville Platte	LA	70586		: 4473dfac-d791-4b20-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	02990.77	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Tammay Williams			08	31 / 2014
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		80.00
New Orleans	LA	70116		: 8d033e8e-a87d-40ef-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		102990.77	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expe	enditures		•	108.50
				7
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		>	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 03	2014
- 9				

Schedule E)	AT ENDITOTIES	PAGE 7 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0 00000.00
Check if 24-hour report X 48-hour report	New report Amends report file	d on M M / D D / Y Y Y Y Y
Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St		08 31 2014
02411.11100.00		Amount
City Sta	te Zip Code	9.00
New Orleans LA	70116	Transaction ID: b8da47a7-65db-46ee-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 31 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	102990.77 Disk 2014	oursement For: Primary
Full Name of Payee	1	Date of Public Distribution/Dissemination
Joneisha Stewart		08 31 2014
Mailing Address 2329 Runnymede Dr		Amount
		Amount
City Sta	·	40.00
Marrero L/	A 70072	Transaction ID : b5107c09-10ee-48ef-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 31 / Y 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	102990.77 Dist	bursement For: Primary General 4 Other (specify) ▶
-		
(a) SUBTOTAL of Itemized Independent Expenditures	•	49.00
(b) SUBTOTAL of Unitemized Independent Expenditures.	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	09 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

Schedule E)	IVI EXI EIVE	ATOTILO	PAGE FOR SE	8 OF 62 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	ATION NUMBER ▼
Women Speak Out PAC			C C0053070	66
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	/
Full Name of Payee			Date of Public Distribut	tion/Dissemination
Jacob L Colbert			08 / 31	2014
Mailing Address 49 Sharon Circle			Amount	
City	State	Zip Code		15.00
Greenbrier	AR	72058	Transaction ID : 2dd0a Date of Disbursement	
Purpose of Expenditure Salary		Category/ Type 001	08 / 31	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		X Oppose	President X Senate	e State: AR
Calendar Year-To-Date Per Election for Office Sought		72382.59	Disbursement For: Prim 2014 Other (specify) ▶	nary X General
Full Name of Payee			Date of Public Distribut	tion/Dissemination
Jacob L Colbert			08 / D = D	2014
Mailing Address 49 Sharon Circle			Amount	
City	State	Zip Code		11.40
Greenbrier	AR	72058	Transaction ID : 793909 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	08 / 031	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		X Oppose	President Senate	
Calendar Year-To-Date Per Election for Office Sought	7 7	72382.59	Disbursement For: Prin 2014 Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			26.40
			7	7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date		y y y 2014
- 3				

Sc	nedule E)	EXI END	101120		-	PAGE 9 OF 62 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				_	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C	000530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M /	
_	Full Name of Days				(5)	Division (Division)
	Full Name of Payee Kaleigh J Wagner			Dai	te of Public	Distribution/Dissemination 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 18065 Wayne Rd			Am	ount	
ŀ	City	State	Zip Code			80.00
	Odessa	FL	33556			D: 9b84a65b-25eb-41bc-a rement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08	31 / 2014
ı	Name of Federal Candidate		Support	Office Sou	ıght:	House District:00
	Mr. Mark L Pryor		X Oppose	Pres	sident X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	72382.59	Disbursem 2014	nent For: Other (spe	Primary
Γ	Full Name of Payee			Da	te of Public	Distribution/Dissemination
1	Randy M Gold				M M /	31 2014
ľ	Mailing Address 1436 Haigs Creek Dr				00	2311
1	•			Am	nount	
ŀ	City	State	Zip Code			80.00
	Elgin	SC	29045			: b86f04f7-1c66-4f5b-8 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08	31 / 2014
ľ	Name of Federal Candidate		Support	Office Sou	ught:	House District: 00
	Mr. Mark L Pryor		X Oppose	Pres	sident	
	Calendar Year-To-Date Per Election for Office Sought		72382.59	Disbursen 2014	nent For: Other (spe	Primary X General ecify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3		▶	-	160.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		··· •		
(c) TOTAL Independent Expenditures			•		
W	Inder penalty of perjury I certify that the independentith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Dai	te 09	03	2014
	Signature					

Schedule E)	DEITI EXI EIT	DITORLO	PAGE 10 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Randy M Gold			08 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr			Amount
City	State	Zip Code	64.08
Elgin	SC	29045	Transaction ID: 8616672d-2881-45e4-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 31 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	72382.59	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			08 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	20.00
Lafayette	LA	70503	Transaction ID: 9af37818-b4a9-489e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 31 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		102990.77	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		84.08
(b) CURTOTAL of Unitermined Independent F	vo an ditura a		
(b) SUBTOTAL of Unitemized Independent E.	kpenditures		
(c) TOTAL Independent Expenditures			•
	andidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)		NOLIVI EXI EIVO			PAGE 11 OF 62 FOR SE OF FORM 24/48
NAME OF COMM				FE	EC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C00530766
Check if 24-	nour report X 48-hour rep	port X New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Francis f	Payee Richardson			Date of I	
Mailing Addre	SS 220 Doucet Rd			Amount	
City		State	Zip Code		1.44
Lafayette		LA	70503		tion ID: 09e4554b-40f7-4b8a-8 Disbursement or Obligation
Purpose of E Mileage	xpenditure		Category/ Type 002	M 08	
Name of Fed	eral Candidate		Support	Office Sought:	House District: 00
Ms. Mary L L	andrieu		X Oppose	President	Senate State: LA
	r Year-To-Date tion for Office Sought	1	02990.77	Disbursement F 2014 Othe	or: Primary X General er (specify) ▶
Full Name of ERIC TA				Date of	Public Distribution/Dissemination
Mailing Addre	ess 6101 NORA ST			O8 Amount	
City		State	Zip Code		75.00
METAIRIE		LA	70003		on ID : 6dce0dd7-1e92-4f56-b Disbursement or Obligation
Purpose of E Salary	xpenditure		Category/ Type 001	M 08	M / D D / Y Y Y
Name of Fed	eral Candidate		Support	Office Sought:	House District: 00
Ms. Mary L L	andrieu		X Oppose	President	
	r Year-To-Date tion for Office Sought		102990.77	Disbursement F 2014 Othe	or:
(a) SUBTOTA	L of Itemized Independent Ex	penditures		· •	76.44
(b) SUBTOTA	L of Unitemized Independent	Expenditures		· -	7 1 7 1 7
(c) TOTAL Ind	lependent Expenditures			·	7 1 7 1 7
with, or at the		candidate or authorized			peration, consultation, or concert reporting entity is not a political
	Is. Emily Buchanan	[Electron	ically Filed] Date		03 / 2014
Signature			_		

Schedule E)	DENT EXICID	ITOTILO		PAGE 12 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	rt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
ERIC TABARY			08	31 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		1.80
METAIRIE	LA	70003		D: 964401c9-1be1-4909-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		102990.77	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Mr. Elizabeth Allison			08	31 / 2014
Mailing Address 157 Bishop Drive			Amount	
City	State	Zip Code		31.00
Avondale	LA	70094		: 67b3f8ff-4d1d-43cf-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		102990.77	Disbursement For: 2014 Other (specific	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures			32.80
				7
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 03	2014
-				

Schedule E)	PAGE 13 OF 62 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER	▼
Women Speak Out PAC	C C00530766	
Check if 24-hour report X 48-hour report New	report Amends report filed on Man / Dad / Yayaya	Y
Full Name of Payee	Date of Public Distribution/Dissemination	1
Mr. Elizabeth Allison	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 157 Bishop Drive	Amount	
City State	Zip Code 4.20	5
Avondale LA	70094 Transaction ID : b6951e1a-9b1a-4941-8 Date of Disbursement or Obligation	3
Purpose of Expenditure Mileage	Category/ Type 002 08 31 2014	Y
Name of Federal Candidate	Support Office Sought: House District: 00	
Ms. Mary L Landrieu	Oppose President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X Gene 2014 Other (specify) ▶	ral
Full Name of Payee	Date of Public Distribution/Dissemination	า
Vonniqua Jackson	08 / 08 / 31 / 2014	Y
Mailing Address 111 Westchester Blvd	Amount	
Apt D4		_
City State Slidell LA	Zip Code 50.00 70458	Ш
Purpose of Expenditure	Category/ O01	Y
Salary	Type 001 08 31 2014	
Name of Federal Candidate	Support Office Sought: House District: 00)
Ms. Mary L Landrieu	Oppose President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary	ral
(a) SUBTOTAL of Itemized Independent Expenditures	54.20	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	
	ares reported herein were not made in cooperation, consultation, or conceized committee or agent of either, or (if the reporting entity is not a politic	
Ms. Emily Buchanan [Elect	tronically Filed] Date 09 03 2014	
	ronically Filea Date 09 03 2014	

Schedule E)	PAGE 14 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 333300730
Check if 24-hour report	M / D D / Y B Y B Y
Full Name of Payee Date of Kelly Dolan	of Public Distribution/Dissemination
	08 31 2014
Mailing Address 543 S 2nd St Amoun	nt
City State Zip Code	60.00
Bellaire NC 77401 Transa	action ID : a7dd9ba7-8122-469e-b
Purpose of Expenditure Category/	of Disbursement or Obligation M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	:: House District: 00
Ms. Mary L Landrieu Ms. Mary L Landrieu Oppose Presider	I house Blothot.
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	
Otl	her (specify) -
Kelly Dolan	of Public Distribution/Dissemination
Mallian Address	08 / 31 / 2014
Mailing Address 543 S 2nd St Amoun	nt
City State Zip Code	9.00
Bellaire NC 77401 Transac	ction ID : 3275f654-65fc-45b1-b of Disbursement or Obligation
Purpose of Expenditure Category/	08 31 2014
Name of Federal Candidate Support Office Sought	t: House District: 00
Ms. Mary L Landrieu Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Ot	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	69.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	71171171
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	03 2014
Signature	

Sc	chedule E)	PAGE 15 OF 62 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC	C C00530766
Che	neck if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
7	Full Name of Payee	Date of Public Distribution/Dissemination
	Danielle McCoy	08 / 31 / 2014
	Mailing Address 1025 Cayley Ct	Amount
1	City State Zip Code	20.00
	High Point NC 27260	Transaction ID : 0fbcd3ba-f50f-45c4-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / 31 / 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Ms. Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disk 275139.64	bursement For: Primary X General 4 Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination
	Danielle McCoy	08 31 2014
	Mailing Address 1025 Cayley Ct	
		Amount
	City State Zip Code	11.70
	High Point NC 27260	Transaction ID : 0364d05b-32b3-4e56-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 / 31 / 2014
	Name of Federal Candidate Support Office	ice Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disk 201	bursement For: Primary General Other (specify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures	31.70
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 4 1 4 1 4
((c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	09 03 2014
	Signature	

Scł	hedule E)					PAGE 16 OF 62 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
W	omen Speak Out PAC					00530766
	ck if 24-hour report X 48-hour report Ne	ew rep	oort Amends repor	-t filed on	M = M /	D = D / Y = Y = Y
Une	ck if 24-nour report 48-nour report	∍w rep	ort Amerius repoi	rt illea on		
	Full Name of Payee Eleanor McCoy			Date	e of Public	Distribution/Dissemination 31 2014
	Mailing Address 4902 Catawba Dr			Amo	ount	
+	City State		Zip Code			75.00
	Greensboro NC		27407			: 854aaf45-82f1-454c-a sement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08	31 / 2014
T	Name of Federal Candidate		Support	Office Sou	ght:	House District: 00
	Ms. Kay Hagan		X Oppose		ident X	NO.
	Calendar Year-To-Date Per Election for Office Sought	2	275139.64	Disbursem 2014	ent For: [Other (spe	Primary
Ī	Full Name of Payee Eleanor McCoy			Dat	e of Public	Distribution/Dissemination
-	Mailing Address				08	31 2014
Ĭ	Mailing Address 4902 Catawba Dr			Am	ount	
	City State		Zip Code			20.40
	Greensboro NC		27407	Tran Dat	saction ID e of Disbur	: 890fd216-ce0e-47bc-8 sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		08	31 / 2014
	Name of Federal Candidate		Support	Office Sou	ght:	House District: 00
	Ms. Kay Hagan		Oppose	Pres	ident X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	275139.64	Disbursem 2014	ent For: [Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditures					05.40
,,	1) SUBTUTAL OF RETRIZED INDEPENDENT Expenditures			_	-7-	95.40
(I	b) SUBTOTAL of Unitemized Independent Expenditures			•		
(0	c) TOTAL Independent Expenditures			•	-	7
W	Under penalty of perjury I certify that the independent expending or at the request or suggestion of, any candidate or author arty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [E	Electron	nically Filed] Date	M M M	/ 03	2014
	Signature		_			

Schedule E)	DEITI EXI END	ITORES	<u> </u>	PAGE 17 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	t New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Tylan S Green			M M /	31 / 2014
Mailing Address 2320 Saint Nick Dr			Amount	
City	State	Zip Code		70.00
New Orleans	LA	70131		: be987467-f251-4283-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		102990.77	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Tylan S Green			08	31 / 2014
Mailing Address 2320 Saint Nick Dr			Amount	
City	State	Zip Code		10.80
New Orleans	LA	70131		509a567b-cc24-4a6b-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	31 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		102990.77	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		·	80.80
			7	
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	4
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 03	2014
•				

Schedule E)	I EXI END			PAGE 18 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee Billy Martin				f Public Distribution/Dissemination
Mailing Address 250 JS Brewton rd				09 01 2014
3 3 23 23 25 Biewloniu			Amoun	t
City	State	Zip Code		40.00
goldonna	LA	71031		ction ID: d11d56d5-a24a-4da4-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	02990.77	Disbursement 2014 Ott	For: Primary ⊠ General her (specify) ►
Full Name of Payee			Date o	f Public Distribution/Dissemination
Billy Martin				09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 250 JS Brewton rd			Amour	nt
City	State	Zip Code		3.90
goldonna	LA	71031	Transac Date o	ction ID : 1b5579d0-53f1-44ce-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	102990.77	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
			-	
(a) SUBTOTAL of Itemized Independent Expenditure	S		•	43.90
(b) SUBTOTAL of Unitemized Independent Expendit	ures		• •	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	09	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Scl	nedule E)	EXI END			PAGE 19 OF 62 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M
_					
	Full Name of Payee Brenda L Dawson				of Public Distribution/Dissemination
	Mailing Address 6021 General Samuel Rd			Amou	nt
ŀ	City	State	Zip Code	$-\Gamma$	25.00
	Jacksonville	AR	72076		saction ID : c9cb8eba-0947-4c64-a of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		09 01 / 2014
ı	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	72382.59	Disbursemen 2014	nt For:
ſ	Full Name of Payee Brenda L Dawson				of Public Distribution/Dissemination
-	Mailing Address 6021 General Samuel Rd			L	09 / 01 / 2014
	5 0021 Ochicial Gallidel Nd			Amou	ınt
	City	State	Zip Code		5.40
	Jacksonville	AR	72076	Transa Date	action ID: 0a1a1c6c-e6cd-49b1-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		09 / 01 / 2014
Г	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
ŀ	Mr. Mark L Pryor		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	72382.59	Disbursemer 2014	nt For:
	CURTOTAL of bossissed lades and ast Europelitus	_			200.40
(6	a) SUBTOTAL of Itemized Independent Expenditures	S		· •	30.40
(1	b) SUBTOTAL of Unitemized Independent Expenditu	ires		· •	171171171
(0	c) TOTAL Independent Expenditures			•	
W	Inder penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat arty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09	03 2014
	Signature				

Schedule E)	INT EXICITE	ATTOTILES	PAGE 20 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			09 / 01 / 2014
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	40.00
Charlotte	NC	23215	Transaction ID: 148773a7-f41e-4164-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 01 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			09
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	9.60
Charlotte	NC	23215	Transaction ID: b0f095ac-d3f7-4389-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expend	itures		49.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.9			

Schedule E)	0 0		101120		PAGE 21 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITT					FEC IDENTIFICATION NUMBER ▼
Women Spea	k Out PAC				C C00530766
Check if 24-hou	r report X 48-hour rep	port New repo	ort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Pa	_{yee} Tuttle				of Public Distribution/Dissemination
Mailing Address	404 Chancery Park Ct			Amou	09 01 2014 nt
City		State	Zip Code		30.00
Kernersville		NC	27284		action ID : b407c2c4-b969-4c57-9 of Disbursement or Obligation
Purpose of Expe Salary	nditure		Category/ Type 001	М	09 01 / 2014
Name of Federa	Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan			X Oppose	Preside	
Calendar Ye Per Election	ar-To-Date for Office Sought	2	75139.64	Disbursemen 2014 O	t For:
Full Name of Pa Jackson S	yee Futtle 404 Chancery Park Ct				of Public Distribution/Dissemination 09 / 01 / 2014 nt
City		State	Zip Code	— I	9.00
Kernersville		NC	27284	Transa Date	ction ID: be799938-ea15-4e6d-9 of Disbursement or Obligation
Purpose of Expe Mileage	enditure		Category/ Type 002	N	09 / 01 / 2014
Name of Federa	I Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			Oppose	Preside	ent Senate State: NC
Calendar Ye Per Election	ear-To-Date n for Office Sought		275139.64	Disbursemen 2014 O	t For:
(a) SUBTOTAL o	f Itemized Independent Ex	penditures		•	39.00
(b) SUBTOTAL o	f Unitemized Independent	Expenditures		•	7 7 7
(c) TOTAL Indepe	endent Expenditures			•	7
with, or at the req		candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Emily Buchanan	[Electron	ically Filed] Date	09	03 2014
Signature					

Sch	edule E)	EXI ENDI	TOTALO				PAGE 22 OF 62 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Check	k if 24-hour report X 48-hour report	New repo	ort Ame	nds repo	rt filed on	M = M	/ D = D / Y = Y = Y
T _{Fi}	ull Name of Payee				Date	of Public	c Distribution/Dissemination
	Christine B Long					M M M 09	01 2014
M	Mailing Address 3121 Charleycote Dr				Amo	ount	
С	Sity	State	Zip Code				40.00
F	Raleigh	NC	27614				ID: 8ae07937-daa0-418b-a ursement or Obligation
	rurpose of Expenditure Salary		Category/ Type	001		09	01 / 2014
N	lame of Federal Candidate		Sı	upport	Office Soug	nht:	House District: 00
N	Ms. Kay Hagan			ppose	Presi	· _	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	275139.64		Disburseme	ent For: Other (sp	Primary
	Tull Name of Payee Christine B Long				Date	of Publi	c Distribution/Dissemination
N	Mailing Address 3121 Charleycote Dr					09	01 2014
					Amo	ount	
С	Dity	State	Zip Code				8.91
	Raleigh	NC	27614		Trans Date	saction II e of Disbu	D: 3970549c-6969-405d-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	01 / 2014
N	lame of Federal Candidate		S	upport	Office Sou	ght:	House District:00
N	Ms. Kay Hagan		Xo	ppose	Presi	•	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		275139.64		Disburseme 2014	ent For: Other (sp	Primary X General Decify) ▶
(0)	CURTOTAL of Remised Indonendant Evpanditures						49.04
(a)	SUBTOTAL of Itemized Independent Expenditures.				• -		48.91
(b)	SUBTOTAL of Unitemized Independent Expenditure	98			• •	-	4
(c)	TOTAL Independent Expenditures				• [-	
witl	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	03	2014
	Signature						

Sc	chedule E)	OTIES	PAGE 23 OF 62 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC		C C00530766
Ch	neck if 24-hour report X 48-hour report New report	t Amends report	filed on M M / D D / Y Y Y Y Y
	Full Name of Payee Eric Wilson		Date of Public Distribution/Dissemination
	Mailing Address 907 Randall Drive		09 01 2014 Amount
	000		
		Zip Code 72149	30.00 Transaction ID : c8e0cd02-1328-4993-9 Date of Dishursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support C	Office Sought: House District: 00
	Mr. Mark L Pryor	X Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
	Full Name of Payee Eric Wilson		Date of Public Distribution/Dissemination 09 01 01 02014
	Mailing Address 907 Randall Drive		Amount
	City State Z	Zip Code	21.60
		72149	Transaction ID : a7c87f74-eddc-4026-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	09 / 01 / 2014
	Name of Federal Candidate	Support	Office Sought: House District: 00
	Mr. Mark L Pryor	Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		51.60
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		•
١	Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized c party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronical	ally Filed] Date	09 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		

Schedule E)	ENT EXILITIE	1101120		PAGE 24 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Z4-nour report 48-nour report	New rep	Jort Amerius repo	rt liled on	
Full Name of Payee Lucas H Hoyle			Date of Publ	ic Distribution/Dissemination / 01
Mailing Address 282 Falls Ave			Amount	
City	State	Zip Code		50.00
Granite Falls	NC	28630		ID: 8e5d3fbf-5bd0-4b5d-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Lucas H Hoyle			Date of Publ	ic Distribution/Dissemination / 01
Mailing Address 282 Falls Ave			Amount	
City	State	Zip Code		57.90
Granite Falls	NC	28630	Transaction I Date of Disb	D: cc15895c-a26f-4a78-9 oursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	275139.64	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures		.	107.90
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan	[Electro	nically Filed] Date	09 / 03	/ Y = Y = Y = Y = Y = 2014
Signature				

Sc	chedule E)		PAGE 25 OF 62 FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
W	Vomen Speak Out PAC C C00530766						
Che	eck if 24-hour report X 48-hour report New report Amends report	rt filed on	* M / D = D / Y = Y = Y				
Т	Full Name of Payee	Date o	of Public Distribution/Dissemination				
	Timothy Foley		09 01 2014				
	Mailing Address 20679 Glenbrook Terrace	Amour	nt				
ŀ	City State Zip Code		25.00				
	Sterling VA 20165		action ID : 6a2e98d9-bc18-42d1-a of Disbursement or Obligation				
	Purpose of Expenditure Salary Category/ Type 001	М	09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
ŀ	Name of Federal Candidate Support	Office Sought	t: House District: 00				
	Ms. Kay Hagan Oppose	Preside	NC NC				
	Calendar Year-To-Date Per Election for Office Sought 275139.64	Disbursement 2014 Ot	t For: Primary X General ther (specify) ▶				
ľ	Full Name of Payee		of Public Distribution/Dissemination				
	Virginia M Stevens		00 01 Y Y Y Y				
ŀ	Mailing Address 1691 Fork Mtn Rd		09 01 2014				
	1091 FOIK WILLING	Amour	nt				
ľ	City State Zip Code		40.00				
	Bakersville NC 28705	Transa Date o	ction ID: 46644452-98c3-41ac-b of Disbursement or Obligation				
	Purpose of Expenditure Salary Category/ Type 001	M	09 / 01 / 2014				
Ī	Name of Federal Candidate Support	Office Sough	t: House District:00				
	Ms. Kay Hagan Oppose	Preside	,				
	Calendar Year-To-Date Per Election for Office Sought 275139.64	Disbursement 2014 Of	t For:				
((a) SUBTOTAL of Itemized Independent Expenditures	•	65.00				
((b) SUBTOTAL of Unitemized Independent Expenditures	· [7 1 7 1 2				
((c) TOTAL Independent Expenditures	· [7				
٧	Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.						
	Ms. Emily Buchanan [Electronically Filed] Date	M M /	03 2014				
	Signature						

Schedule E)	PAGE 26 OF 62 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report New report Amends report filed	d on					
Full Name of Payee Virginia M Stevens	Date of Public Distribution/Dissemination					
Mailing Address 1691 Fork Mtn Rd	09 01 2014 Amount					
O'the Older To Olde	1000					
City State Zip Code Bakersville NC 28705	Transaction ID : 146025fe-713f-4aa3-8 Date of Disbursement or Obligation					
Purpose of Expenditure Mileage Category/ Type 002	09 01 / 2014					
Name of Federal Candidate Support Offic	e Sought: House District: 00					
Ms. Kay Hagan Oppose	President Senate State: NC					
Calendar Year-To-Date Per Election for Office Sought Disb 275139.64	ursement For: Primary X General Other (specify) ▶					
Full Name of Payee Misty A Ledford	Date of Public Distribution/Dissemination					
Mailing Address 44 Bell St	09 01 2014 Amount					
City State Zip Code	40.00					
Spruce Pine NC 28777	Transaction ID : 75428c9b-24d7-43be-a Date of Disbursement or Obligation					
Purpose of Expenditure Salary Category/ Type 001	09 / 01 / 2014					
Name of Federal Candidate Support Office	ee Sought: House District: 00					
Ms. Kay Hagan Oppose	President State: NC					
Calendar Year-To-Date Per Election for Office Sought Disb 2014	oursement For: Primary General Other (specify) Other					
(a) SUBTOTAL of Itemized Independent Expenditures	58.90					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.						
CT71 . * II T7*I I7	09 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					

Schedule E)	IIII EXI END	1101120		PAGE 27 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Misty A Ledford			M = M	lic Distribution/Dissemination
Mailing Address 44 Bell St			Amount	01 2014
City	State	Zip Code		18.90
Spruce Pine	NC	28777		ID: 5d7c9737-817a-4756-b bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For: 2014 Other (s	Primary ⊠ General
Full Name of Payee Malinda Ledford Mailing Address 44 Bell Street Ext			Date of Pub	olic Distribution/Dissemination
		7: 0 1		10.00
City Spruce Pine	State NC	Zip Code 28777	Transaction Date of Dis	40.00 ID: 5d1ae91e-2fa7-4b89-a pursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	01 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For: 2014 Other (Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures		•	58.90
(b) SUBTOTAL of Unitemized Independent Expe	enditures		· •	492 1 492
(c) TOTAL Independent Expenditures			•	4 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09 03	2014
Signature				

Schedule E)	PAGE 28 OF 62 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Vomen Speak Out PAC C C00530766						
Check if 24-hour report X 48-hour report New report Amends	report filed on M M / D D / Y Y Y Y Y					
Full Name of Payee	Date of Public Distribution/Dissemination					
Malinda Ledford	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 44 Bell Street Ext	Amount					
City State Zip Code	18.90					
Spruce Pine NC 28777	Transaction ID: 4b2ff46a-6f8a-46e7-8 Date of Disbursement or Obligation					
Purpose of Expenditure Mileage Category/ Type	002					
Name of Federal Candidate Suppo	ort Office Sought: House District: 00					
Ms. Kay Hagan Oppos						
Calendar Year-To-Date Per Election for Office Sought 275139.64	Disbursement For: Primary					
Full Name of Payee	Date of Public Distribution/Dissemination					
Cari A Stevenson	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 12312 Summer Cemetary Rd	03 01 2017					
·	Amount					
City State Zip Code	20.00					
Cabot AR 72023	Transaction ID : a80856f5-ef41-4fa5-9 Date of Disbursement or Obligation					
Purpose of Expenditure Salary Category/ Type	001 09 01 2014					
Name of Federal Candidate Suppo	ort Office Sought: House District: 00					
Mr. Mark L Pryor Oppos	Se President X Senate State: AR					
Calendar Year-To-Date Per Election for Office Sought 72382.59	Disbursement For: Primary ☐ General Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	38.90					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electronically Filed]	Date 09 03 2014					
Signature						

Scl	hedule E)	EXI ENDI	101120				PAGE 29 OF 62 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC C C00530766						
Che	ck if 24-hour report X 48-hour report	New repo	ort An	mends repo	ort filed on	M = M /	D = D / Y = Y = Y
Т	Full Name of Payee Cari A Stevenson				Date	e of Public	c Distribution/Dissemination
						09	01 2014
	Mailing Address 12312 Summer Cemetary Rd				Am	ount	
ŀ	City S	State	Zip Code				3.60
	Cabot	AR	72023				ID: d843bb33-0ce4-48b5-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type			M M M 09	01 / 2014
ı	Name of Federal Candidate		'	Support	Office Sou	aht:	House District:00
	Mr. Mark L Pryor			Oppose			Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		72382.59		Disbursem 2014	ent For: Other (sp	Primary
	Full Name of Payee Theresa a Youngblood				Dat	e of Publi	c Distribution/Dissemination
-	Mailing Address 102 S Main Street Apt A2					09	01 2014
					Am	ount	
Ì	City		Zip Code				60.00
	Berryville	VA	22611		Tran Dat	e of Disbu	D: 2d2bf9ac-5730-44f4-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type		$\Box oxed{oxed}$	09	01 2014
Ī	Name of Federal Candidate			Support	Office Sou	ight:	House District: 00
	Ms. Kay Hagan		X	Oppose	Pres	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		275139.6	34	Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
(CURTOTAL of hamined Independent Evpenditures						62.60
(-	 a) SUBTOTAL of Itemized Independent Expenditures. 				▶	7	63.60
(1	b) SUBTOTAL of Unitemized Independent Expenditure	es			·· •		7
(0	c) TOTAL Independent Expenditures				•		
W	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	e 09	/ 03	2014
	Signature		_				

Schedule E)	LIVI LXI LIVL	TI OTILO	PAGE 30 OF 62 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Francesca Blom			09 / 01 / 2014			
Mailing Address 101 Asbury Ct			Amount			
City	State	Zip Code	100.00			
Winchester	VA	22602	Transaction ID : 9bd1ce7d-b66a-47ef-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	09 01 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	.,,	275139.64	Disbursement For: Primary General 2014 Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Lindsey N Rose			09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 615 Live Oak Dr			Amount			
City	State	Zip Code	40.00			
searcy	AR	72143	Transaction ID : db81bdeb-7c3a-43e9-b Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	09 / 01 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Mr. Mark L Pryor		Oppose	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	7 7	72382.59	Disbursement For: Primary General 2014 General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expendent	litures		140.00			
(b) CURTOTAL of Unitermized Independent Even	an ditura a					
(b) SUBTOTAL of Unitemized Independent Expe	enaitures		•			
(c) TOTAL Independent Expenditures			>			
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
•						

Schedule E)	JENT EXILITE	TOTILO	PAGE 31 OF 62 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Jennifer E Smith			09 01 7 2014			
Mailing Address 4967 Dysartsville Rd			Amount			
City	State	Zip Code	80.00			
Morganton	NC	28655	Transaction ID: 8bdf1b86-2595-40ac-b Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	09 / 01 / 2014			
Name of Federal Candidate		Support	Office Sought: House District:00			
Ms. Kay Hagan		Oppose	President State: NC			
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For: Primary			
Full Name of Payee			Date of Public Distribution/Dissemination			
Jennifer E Smith			09 01 2014			
Mailing Address 4967 Dysartsville Rd			Amount			
City	State	Zip Code	6.00			
Morganton	NC	28655	Transaction ID : f3942306-a159-4d10-b Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D / Y Y Y Y			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		X Oppose	President State: NC			
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Exper	nditures		86.00			
			7 7 7			
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>			
(c) TOTAL Independent Expenditures						
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
- 3						

	FOR SE OF FORM 24/48					
AME OF COMMITTEE (In Full) Nomen Speek Out DAC						
Women Speak Out PAC	C C00530766					
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y					
Full Name of Payee Date	te of Public Distribution/Dissemination					
Eric J Smith	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 4967 Dysartville Ame	nount					
City State Zip Code	80.00					
Morganton NC 28655 Tra	ansaction ID : ba50b651-9045-4199-b te of Disbursement or Obligation					
Purpose of Expenditure Salary Category/ Type 001	09					
Name of Federal Candidate Support Office Sou	ught: House District: 00					
Mc Kay Hagan	sident State: NC					
Calendar Year-To-Date Per Election for Office Sought Disbursem 275139.64 Disbursem 2014						
	Other (specify)					
Full Name of Payee Dat Lisa Miller	te of Public Distribution/Dissemination					
Mailing Address 718 Azalea Dr.	09 01 2014					
	nount					
City State Zip Code	43.00					
Dat	nsaction ID: 830de004-2013-4064-b te of Disbursement or Obligation					
Purpose of Expenditure Salary Category/ Type 001	09 / 01 / 2014					
Name of Federal Candidate Support Office Sou	ught: House District: 00					
Ms. Kay Hagan Oppose Pres						
Calendar Year-To-Date Per Election for Office Sought Disbursem 275139.64	nent For:					
(a) SUBTOTAL of Itemized Independent Expenditures	123.00					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.						
Ms. Emily Buchanan [Electronically Filed] Date 09	03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

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OF

Schedule E)	LIVI EXI EIVE	TI ONLO	PAGE 33 OF 62 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	X New re	port Amends repo	t filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Lisa Miller			09 01 7 2014			
Mailing Address 718 Azalea Dr.			Amount			
Unit 453						
City	State	Zip Code	3.72			
Hampstead	NC	28443	Transaction ID: d3c31e1a-9a7b-4573-8 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	09 01 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For: Primary General 2014 Gher (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
ERIC TABARY			09			
Mailing Address 6101 NORA ST			Amount			
City	State	Zip Code	40.00			
METAIRIE	LA	70003	Transaction ID : 7cb92bc0-e5b3-4d90-b Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	09 / 01 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought		102990.77	Disbursement For:			
(a) SUBTOTAL of Itemized Independent Expen	ditures		43.72			
			7 7 1 7			
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·			
(c) TOTAL Independent Expenditures			>			
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 03 7 2014			
S.g.iataro						

Schedule E)	JEIII EX. 2			PAGE 34 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	rt New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee ERIC TABARY			M = M	c Distribution/Dissemination
Mailing Address 6101 NORA ST			09 Amount	01 2014
City	State	Zip Code		1.50
METAIRIE	LA	70003		ID : cac4ec4f-c12c-48da-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M _ M	01 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	102990.77	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Lindsey E Helms Mailing Address 301 N Clinic Apt 3			Date of Publi	ic Distribution/Dissemination
City Searcy	State AR	Zip Code 72143		40.00 D: feaa7810-61a8-42ee-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disb	/ 01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	72382.59	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures		•	41.50
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09 / 03	2014
Signature				

Schedule E)		1101120		35 OF 62 OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	ATION NUMBER ▼		
Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	/ Y = Y = Y = Y		
Full Name of Payee Lindsey E Helms			Date of Public Distribut	/ Y = Y = Y		
Mailing Address 301 N Clinic Apt 3			09 01 Amount	2014		
City	State	Zin Codo		21.90		
Searcy	AR	Zip Code 72143	Transaction ID : 2d2bf Date of Disbursement of	d06-cbaa-4f27-b		
Purpose of Expenditure Mileage		Category/ Type 002	09 / 01	2014		
Name of Federal Candidate		Support	Office Sought: House	District:00		
Mr. Mark L Pryor		X Oppose	President Senate			
Calendar Year-To-Date Per Election for Office Sought	, , ,	72382.59	Disbursement For: ☐ Prim 2014 ☐ Other (specify) ▶ _	ary X General		
Full Name of Payee Christopher Marquess			Date of Public Distribut	/ Y = Y = Y = Y		
Mailing Address 110 W Pecan St			09	2014		
City	State	Zip Code		50.00		
Ville Platte	LA	70586	Transaction ID : e0588c			
Purpose of Expenditure Salary		Category/ Type 001	09 / 01	2014		
Name of Federal Candidate		Support	Office Sought: House	District:00		
Ms. Mary L Landrieu		Oppose	President Senate			
Calendar Year-To-Date Per Election for Office Sought	7 7	102990.77	Disbursement For: ☐ Prim 2014 ☐ Other (specify) ▶	ary X General		
(a) SUBTOTAL of Itemized Independent Expenditu	res		>	71.90		
(b) SUBTOTAL of Uniternized Independent Expendent	ditures		>			
(c) TOTAL Independent Expenditures			·	7		
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		2014		

Schedule E)	JENT EXI END	ITOTILO	PAGE 36 OF 62 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Vomen Speak Out PAC						
Check if 24-hour report X 48-hour repor	New rep	ort Amends repo	rt filed on			
Full Name of Payee			Date of Public Distribution/Dissemination			
Christopher Marquess			09 01 2014			
Mailing Address 110 W Pecan St			Amount			
City	State	Zip Code	30.60			
Ville Platte	LA	70586	Transaction ID : daff76ae-8d4e-4f0c-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	09 / 01 / 2014			
Name of Federal Candidate		Support	Office Sought: House District:00			
Ms. Mary L Landrieu		X Oppose	President Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	7	102990.77	Disbursement For: Primary General 2014 Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Lisa Booth			09 01 7 2014			
Mailing Address 1434 South Avenue			Amount			
City	State	Zip Code	100.00			
Eden	NC	27288	Transaction ID: b105c5d6-4fae-4339-8 Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	09 / 01 / 2014			
Name of Federal Candidate		Support	Office Sought: House District: 00			
Ms. Kay Hagan		Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For: Primary General General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Exper	nditures		130.60			
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>			
(c) TOTAL Independent Expenditures			•			
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
- 3						

Schedule E)	LIVI LXI LIVL	ATTOTILES	PAGE 37 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			09 01 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	14.10
Eden	NC	27288	Transaction ID: 81f24a3f-d476-4df9-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 01 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Bradley K Kissinger			09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3113 Imperial Valley Dr.			Amount
City	State	Zip Code	35.00
Little Rock	AR	72212	Transaction ID: e0a4d7f2-5616-4a9e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 01 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	72382.59	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		49.10
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
J			

Schedule	E)	itti EXI EITD	II OILEO		PAGE 38 OF 62 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Nor	and a final parameters of Davids			Data	1.2.15 District Dispensionaline
Brad	ne of Payee ley K Kissinger				of Public Distribution/Dissemination 09 01 2014
Mailing	Address 3113 Imperial Valley Dr.			Amou	nt
City		State	Zip Code		13.50
Little R		AR	72212		action ID: 8e8eebd5-13b1-444c-b of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		09 01 / 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mai	k L Pryor		X Oppose	Preside	ent State: AR
	endar Year-To-Date Election for Office Sought		72382.59	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	me of Payee			Date	of Public Distribution/Dissemination
Brand	don Wheeler				09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing	Address 10112 Piney Creek Ct			Amou	للنبا لنا لت
0''			7: 0 1		70.00
City Charol	ette	State NC	Zip Code 28215	Transa	70.00 action ID : 01f3bdde-9080-4e3d-8 of Disbursement or Obligation
Purpose Salary	e of Expenditure		Category/ Type 001		09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name o	f Federal Candidate		Support	Office Sough	nt: House District:00
Mr. Ma	k L Pryor		Oppose	Preside	^ A D
	lendar Year-To-Date r Election for Office Sought		72382.59	Disbursemer 2014	nt For:
(a) SIIB.	FOTAL of Itemized Independent Expendit	urae			92.50
(a) 30B	TOTAL OF REMIZED INDEPENDENT EXPENDIT	u165		•	83.50
(b) SUB	FOTAL of Unitemized Independent Exper	ditures		· •	7
(c) TOTA	L Independent Expenditures			· •	7 1 7 1 7 1
with, or a	nalty of perjury I certify that the indeper t the request or suggestion of, any cand nmittee) any political party committee or i	idate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 09	03 / 2014
Signa	ture		_		

Scl	nedule E)	EXI EIID	TOTILO				PAGE 39 OF 62 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amen	nds reno	rt filed on	и м /	D = D / Y = Y = Y
_		Z non lope	7.111011		111100 011		
	Full Name of Payee Brandon Wheeler					of Public 09	Distribution/Dissemination
	Mailing Address 10112 Piney Creek Ct				Amou	ınt	
ŀ	City	State	Zip Code		$-\Gamma$		37.50
	Charolette	NC	28215				D: b31d09e4-1d24-4a37-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	01 / 2014
ı	Name of Federal Candidate		Sup	pport	Office Sough	nt:	House District: 00
	Mr. Mark L Pryor		X Op	pose	Presid	ent	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	72382.59		Disbursement 2014	nt For: Other (sp	Primary
Γ	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
1	Tylan S Green					м м м 09	01 2014
ľ	Mailing Address 2320 Saint Nick Dr						2011
1					Amo	unt	
ŀ	City	State	Zip Code		□ [:		50.00
	New Orleans	LA	70131		Trans Date	action II of Disbu	D: fa269e74-29c4-4888-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001] [09	01 2014
ľ	Name of Federal Candidate		Su	pport	Office Soug	ht:	House District: 00
	Ms. Mary L Landrieu		X Op	pose	Presid	lent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	102990.77		Disburseme 2014		Primary X General Decify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures	3			•	7	87.50
(I	b) SUBTOTAL of Unitemized Independent Expenditu	ires			· • [4 1 4
(0	c) TOTAL Independent Expenditures				• [-	
W	inder penalty of perjury I certify that the independentith, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M / / 09	03	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)	TI EXI END			PAGE 40 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
za-nour report	New leb	ort Amends repo	ort filled off	
Full Name of Payee Tylan S Green			M	f Public Distribution/Dissemination
Mailing Address 2320 Saint Nick Dr			Amoun	
City	State	Zip Code		10.20
New Orleans	LA	70131		action ID : 3a6ddb61-044c-427c-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	102990.77	Disbursement 2014 Ot	For: Primary X General
Full Name of Payee	_		Date o	f Public Distribution/Dissemination
Melissa A Calvert				09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20116 Medus St			Amour	
City Covington	State LA	Zip Code 70435	Transac	22.50 ction ID: 847b43e8-f584-47a7-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	102990.77	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) CURTOTAL of Harrison Indoorand art Funanditu				20.70
(a) SUBTOTAL of Itemized Independent Expenditu	res		-	32.70
(b) SUBTOTAL of Unitemized Independent Expend	litures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / 09	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Sch	nedule E)	(i Litt)	1101120				PAGE 41 OF 62 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Am	ends repo	rt filed on	M = M	/ D D / Y D Y D Y
I	Full Name of Payee Malinda Ledford				Date	of Publi	c Distribution/Dissemination
-	Wailing Address 44 Bell Street Ext				[M 09	01 / 2014
ľ	valining Address 44 Bell Street Ext				Amo	unt	
(City State	Э	Zip Code				40.00
	Spruce Pine NC	:	28777				ID: be4870fc-feb1-44c5-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	01 2014
П	Name of Federal Candidate			Support	Office Soug	ght:	House District: 00
	Ms. Kay Hagan		X	Oppose	Presi	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	. 2	275139.64		Disburseme 2014	ent For: Other (sp	Primary
Γ	Full Name of Payee				Date	of Publi	ic Distribution/Dissemination
	Malinda Ledford					M	/ D D / Y Y Y Y Y Y Y 2014
	Mailing Address 44 Bell Street Ext					03	01 2014
ı	<u> </u>				Amo	ount	
	City State	е	Zip Code				18.90
	Spruce Pine NC	;	28777				D: 355ce5d4-f253-4a20-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	01 2014
	Name of Federal Candidate			Support	Office Sou	ght:	House District:00
	Ms. Kay Hagan		X	Oppose	Presi	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		275139.64	1	Disburseme 2014	ent For: Other (sp	Primary X General pecify) ▶
(a	SUBTOTAL of Itemized Independent Expenditures	•••••			· -	-	58.90
(k	o) SUBTOTAL of Unitemized Independent Expenditures				· [4
(0	e) TOTAL Independent Expenditures				• [1 1 7 1 7 1
W	nder penalty of perjury I certify that the independent expith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its agent.	authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	03	/ Y Y Y Y Y 2014
	Signature		_				

Sched	lule E)	EXI END			PAGE 42 OF 62 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
<u> </u>	· □ • · · · · · · · · · · · · · · · · ·				= M / D = D / Y = Y = Y
Check if		New repo	ort Amends repo	ort filed on	
	Name of Payee enny Wallis				of Public Distribution/Dissemination
Mai	ling Address 6412 Osage Dr			Amou	
City	,	State	Zip Code		55.00
	rth Little rock	AR	72116		action ID: b89912b2-5ac3-495c-a of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		09 01 / 2014
Nan	ne of Federal Candidate		Support	Office Sough	t: House District:00
Mr.	Mark L Pryor		X Oppose	Preside	ent State: AR
	Calendar Year-To-Date Per Election for Office Sought		72382.59	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	Name of Payee enny Wallis				of Public Distribution/Dissemination
	Pro n. Address a			IV	09 01 2014
Iviai	ling Address 6412 Osage Dr			Amou	nt
City	1	State	Zip Code		9.54
	rth Little rock	AR	72116	Transa Date	oction ID: 01757021-2a67-499c-b of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002	N	09 / 01 / 2014
Nar	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Mr.	Mark L Pryor		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	72382.59	Disbursemen 2014 O	t For:
(0)	CURTOTAL of Itomized Independent Funerality				0454
(a) S	GUBTOTAL of Itemized Independent Expenditures	5		· •	64.54
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ires		•	
(c) T	TOTAL Independent Expenditures			•	7 1 7 1 7
with,	or penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	9 09	03 / 2014
Si	ignature		_		

Sched	lule E)	I EXI END	TOTILO		-	PAGE 43 OF 62 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Wom	en Speak Out PAC					00530766
01 1 1	√ □ 044		. 🗆 .		M = M /	D D / Y Y Y
Check if		New repo	ort Amends re	port filed on		
	Name of Payee eanne Tribou			D	Pate of Public	Distribution/Dissemination 01 2014
Mail	ing Address 22369 Ponderosa Dr.			A	mount	2014
City		State	Zip Code	— Г		50.00
	ndeville	LA	70471			because of the second of the s
Purp Sal	pose of Expenditure ary		Category/ Type 00	-	09	01 / 2014
Nan	ne of Federal Candidate		Support	Office S	ought:	House District: 00
Ms.	Mary L Landrieu		X Oppose		esident X	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		02990.77	Disburse 2014	ement For: Other (spe	Primary
Full	Name of Payee			С	ate of Public	Distribution/Dissemination
Je	anne Tribou				M M /	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	ling Address 22369 Ponderosa Dr.				00	2011
				A	mount	
City	,	State	Zip Code			8.10
	indeville	LA	70471	Tr	ansaction ID Date of Disbur	: 2fcace83-b698-4697-9 sement or Obligation
	pose of Expenditure eage		Category/ Type 00	2	09	01 / 2014
Nan	ne of Federal Candidate		Support	Office S	ought:	House District: 00
Ms.	Mary L Landrieu		X Oppose	Pı	resident X	
	Calendar Year-To-Date Per Election for Office Sought	7 7	102990.77	Disburse 2014	ement For:	Primary
(a) S	SUBTOTAL of Itemized Independent Expenditure	s		····· >	7	58.10
(b) S	SUBTOTAL of Unitemized Independent Expendit	ures		···· •	1 1 7	7
(c) T	OTAL Independent Expenditures			···· •	7	
with,	r penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 09	/ 03	/ Y Y Y Y Y 2014
Si	gnature					

Schedule E)		PAGE 44 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New report Am	nends report filed on	M
Full Name of Payee Gregory Green		of Public Distribution/Dissemination
		09 / 01 / 2014
Mailing Address 2506 Bolch Street	Amou	unt
City State Zip Code	— Г	80.00
Shreveport LA 71104		saction ID : 31c2fcc4-cbca-42e3-a of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type		09
Name of Federal Candidate	Support Office Sough	nt: House District: 00
Ms. Mary L Landrieu	Oppose Presid	lent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 102990.77	Disbursemer 2014	nt For: Primary
Full Name of Payee		of Public Distribution/Dissemination
Gregory Green		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2506 Bolch Street	Amou	unt
City State Zip Code		25.20
Shreveport LA 71104	Trans	action ID: e532cb55-5c90-44a2-a of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002	09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu	Oppose Presid	dent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 102990.7	Disbursemen 2014	nt For: Primary X General Other (specify) ▶
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) SUBTOTAL of Itemized Independent Expenditures	······	105.20
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	7 1 7 1 7
(c) TOTAL Independent Expenditures	·	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 09	03 2014
Signature		

Schedule E)	PAGE 45 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Lily Green	Date of Public Distribution/Dissernination
Mailing Address 205 Medallion Circle	Amount
City State	Zip Code 80.00
Shreveport LA	71119 Transaction ID : f84976ca-496a-486c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 09 01 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Lily Green	09 / 01 / 2014
Mailing Address 205 Medallion Circle	Amount
City State	Zip Code 25.20
Shreveport LA	71119 Transaction ID : 1fffec95-9e9a-48c5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 09 09 01 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	105.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures)
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [E	Electronically Filed] Date 09 03 2014
Signature	Jane Co Co Lott

Sche	dule E)	L/II LITE.	101120				PAGE 46 OF 62 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wor	men Speak Out PAC						C00530766
Check	if 24-hour report X 48-hour report	X New repo	ort Ame	nds repo	rt filed on	M = M /	D = D / Y = Y = Y
Ful	II Name of Payee				Date	of Public	c Distribution/Dissemination
E	Eleanor McCoy					M M /	01 2014
Ma	ailing Address 4902 Catawba Dr				Amo	unt	
Cit	ty	State	Zip Code				115.00
		NC	27407				ID: 1e82fee1-a1fe-4348-a ursement or Obligation
	rrpose of Expenditure alary		Category/ Type	001] [09	01 / 2014
Na	ame of Federal Candidate		Sı	upport	Office Soug	ht:	House District: 00
Ms	s. Kay Hagan			ppose	Presid	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	275139.64		Disburseme 2014	nt For: Other (sp	Primary
	III Name of Payee				Date	of Public	c Distribution/Dissemination
	Eleanor McCoy					M M M	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 4902 Catawba Dr				L	03	01 2017
					Amo	unt	
Cit	ty 5	State	Zip Code		$\dashv \Gamma$		23.40
		NC	27407		Trans Date	action II of Disbu	D: 747666d7-48f3-4614-a ursement or Obligation
	urpose of Expenditure fileage		Category/ Type	002] [09	01 2014
Na	ame of Federal Candidate		Sı	upport	Office Soug	ht:	House District: 00
M	s. Kay Hagan		X o		Presid		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		275139.64		Disburseme 2014	nt For: Other (sp	Primary X General Decify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures				•		138.40
(b)	SUBTOTAL of Unitemized Independent Expenditure	∍s			· -		4 1 4
(c)	TOTAL Independent Expenditures				• [
with	ler penalty of perjury I certify that the independent in, or at the request or suggestion of, any candidate by committee) any political party committee or its again.	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M /	03	/ Y Y Y Y Y 2014
-5	Signature		_				

Sched	lule E)	EXI EIIDI	TOTILO		PAGE 47 OF 62 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Worr	nen Speak Out PAC				C C00530766
					M = M / D = D / Y = Y = Y
Check i	f 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	
	Name of Payee anielle McCoy				of Public Distribution/Dissemination
Mai	ling Address 1025 Cayley Ct			Amou	09 01 2014 unt
City	,	State	Zip Code		115.00
	gh Point	NC	27260		saction ID: 35a2b9e5-d86c-41a8-9 of Disbursement or Obligation
Pur Sa	pose of Expenditure lary		Category/ Type 001		09 / 01 / 2014
Nan	ne of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms	. Kay Hagan		Oppose	Presid	NC NC
	Calendar Year-To-Date Per Election for Office Sought	2	75139.64	Disbursement 2014	ent For:
	Name of Payee			Date	of Public Distribution/Dissemination
	anielle McCoy				09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	ling Address 1025 Cayley Ct				
				Amo	punt
City	,	State	Zip Code	[]	21.90
	gh Point	NC	27260	Trans Date	saction ID : e9dea767-41e6-4de1-9 of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002] [09 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nar	ne of Federal Candidate		Support	Office Soug	ght: House District: 00
Ms	. Kay Hagan		X Oppose	Presid	dent State: NC
	Calendar Year-To-Date Per Election for Office Sought		275139.64	Disburseme 2014	ent For:
(a) S	SUBTOTAL of Itemized Independent Expenditures.			• •	136.90
(b) S	SUBTOTAL of Unitemized Independent Expenditure	es		· [
(c) 1	OTAL Independent Expenditures			• [
with,	or penalty of perjury I certify that the independent or at the request or suggestion of, any candidate committee) any political party committee or its ag	or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	9 09	03 / 2014
S	ignature		_		

Schedule E)	NI EXI END	ITOTILO		PAGE 48 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			Date of F	Public Distribution/Dissemination
Mailing Address 1103 West Wilson Street			09	
			Amount	
City	State	Zip Code		65.00
Ville Platte	LA	70586		cion ID: 7d0f0334-1640-4efc-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	102990.77	Disbursement For 2014 Othe	or:
Full Name of Payee			Date of I	Public Distribution/Dissemination
Michael Vidrine			09	
Mailing Address 1103 West Wilson Street			Amount	
City	State	Zip Code		28.20
Ville Platte	LA	70586		on ID : 59baf538-b25e-4a56-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 09	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	102990.77	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditu	res			93.20
				7- 1-7- 1-7-
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		03 2014
Jigiliataio				

Schedule E)	itti EXI EITE	TIONES	PAGE 49 FOR SE OF FO	OF 62 ORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	YYY
Full Name of Payee			Date of Public Distribution/Dis	semination
Chris McCoy			09 / 01 / Y	2014
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code		40.00
High Point	NC	27260	Transaction ID : 3d6756e0-11 Date of Disbursement or Oblig	
Purpose of Expenditure Salary		Category/ Type 001	M M / D D / Y	2014
Name of Federal Candidate		Support	Office Sought: House Dis	trict: 00
Ms. Kay Hagan		X Oppose	President Senate S	tate: NC
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For: Primary 2014 Other (specify) ▶	X General
Full Name of Payee	<u> </u>		Date of Public Distribution/Dis	semination
Chris McCoy			09 / D D / Y	2014 Y
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code		14.10
High Point	NC	27260	Transaction ID: 7de372ae-e3: Date of Disbursement or Obli	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 01 / Y	2014
Name of Federal Candidate		Support	Office Sought: House Dis	trict: 00
Ms. Kay Hagan		Oppose	President Senate S	tate: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	275139.64	Disbursement For:	X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			54.10
			7	
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>	
(c) TOTAL Independent Expenditures			•	1 40
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
-				

Schedule E)	EXI END	TOTILO		PAGE 50 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends	report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Francis Richardson				Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd				09 01 2014 Amount
City	State	Zip Code		20.00
Lafayette	LA	70503		Transaction ID: 80f8bd3b-8876-430e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	09 01 / 2014
Name of Federal Candidate		Suppo	rt Office	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppos		President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	02990.77	Disbu 2014	rsement For: Primary
Full Name of Payee				Date of Public Distribution/Dissemination
Francis Richardson				09 01 2014
Mailing Address 220 Doucet Rd				00 0
				Amount
City	State	Zip Code		0.90
Lafayette	LA	70503		Transaction ID : 5de3dcbe-8413-49ab-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	09
Name of Federal Candidate		Suppo	ort Office	e Sought: House District: 00
Ms. Mary L Landrieu		X Oppos	se	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	102990.77	Disbi 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	i		······ >	20.90
(b) SUBTOTAL of Unitemized Independent Expenditu	res		······ >	
(c) TOTAL Independent Expenditures			······ >	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]		9 03 2014
Signature	<u> </u>			

Schedule E)	LINI EXPEND	HONES		PAGE 51 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Kelly Dolan				ic Distribution/Dissemination
Mailing Address 543 S 2nd St			09	01 2014
343 3 2114 31			Amount	
City	State	Zip Code		60.00
Bellaire	NC	77401		ID: 3ea22ae6-5893-4d5f-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		102990.77	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Kelly Dolan			09	01 / 2014
Mailing Address 543 S 2nd St			Amount	
City	State	Zip Code		8.10
Bellaire	NC	77401		D : 6b6f5814-2763-4941-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	102990.77	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) CURTOTAL of Harrison Independent Funancia				20.40
(a) SUBTOTAL of Itemized Independent Expend	itures		. •	68.10
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	4
(c) TOTAL Independent Expenditures			· •	4
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 09 / 03	2014
•				

Schedule E)	PAGE 52 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends re	port filed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Vonniqua Jackson	09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Westchester Blvd	Amount
Apt D4 City State Zip Code	60.00
City State Zip Code Slidell LA 70458	60.00 Transaction ID : dcb1d47e-c1be-430f-a
Purpose of Expenditure Salary Category/ Type O	Date of Disbursement or Obligation 01 09 01 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 102990.77	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Randy M Gold	Date of Public Distribution/Dissemination
Mailing Address 1436 Haigs Creek Dr	09 01 2014 Amount
City State Zip Code	50.00
Elgin SC 29045	Transaction ID : 29a58754-84fb-419a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 00	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 72382.59	Disbursement For: Primary General 2014 Gher (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	ate 09 03 2014
Signature	

Schedule E)		TOTILO		PAGE 53 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Randy M Gold			[M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1436 Haigs Creek Dr			Amou	
City Sta	tate	Zip Code	-	32.28
	SC	29045		saction ID : 94567ecd-fd3d-441e-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	President Presid	Troube Blothot.
Calendar Year-To-Date Per Election for Office Sought		72382.59	Disbursemen 2014	nnt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Kaleigh J Wagner				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 18065 Wayne Rd			Amo	unt
City	tate	Zip Code	$-\Gamma$	50.00
	FL	33556		saction ID: e372d0b4-4422-474c-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	^
Calendar Year-To-Date		72382.59	Disburseme 2014	ent For: Primary X General
Per Election for Office Sought		72002.00		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures				82.28
(b) SUBTOTAL of Unitemized Independent Expenditures	÷		· • [
(c) TOTAL Independent Expenditures			· ·	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	or authorized			
Ms. Emily Buchanan	[Flectron	ically Filed] Date	M M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Electroni	Date	9 09	03 2014

Schedule E)	II L /II L/I	1101120		PAGE 54 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/
Full Name of Payee Shantal C Culbreath			Date of F	Public Distribution/Dissemination
Mailing Address 4691 Hercules Lane			09	
4091 Helcules Lane			Amount	
City	State	Zip Code		80.00
Woodbridge	VA	22193		ion ID: 709fd471-0705-45bb-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee			Date of I	Public Distribution/Dissemination
Holly M Tippett			09	
Mailing Address 595 Saint Gabrielle Dr			03	01 2014
- 000 00 002 2.			Amount	
City	State	Zip Code		20.00
Florissant	МО	63033	Transacti Date of I	on ID: 6f3b9a0e-a457-4d9f-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	72382.59	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditure	'es		· • • • • • • • • • • • • • • • • • • •	100.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date		03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_		

Schedule E)	IN EXILIN	SHORLS	PAGE 55 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Holly M Tippett			09
Mailing Address 595 Saint Gabrielle Dr			Amount
City	State	Zip Code	19.71
Florissant	МО	63033	Transaction ID : d6ac55e9-6c21-412b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 01 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		72382.59	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Brenda L McCune			09
Mailing Address 1254 Fleming St Apt 6			Amount
City	State	Zip Code	79.00
Conway	AR	72032	Transaction ID: b6bf611f-d2b2-47f4-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 01 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		72382.59	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		98.71
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	09 03 / 2014
3. 3			

Schedule E)	DEINT EXTEND	THORIES	PAGE 56 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brenda L McCune			09 01 2014
Mailing Address 1254 Fleming St Apt 6			Amount
City	State	Zip Code	19.20
Conway	AR	72032	Transaction ID: 34532447-9e03-41ab-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 01 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		72382.59	Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Rebecca A Calvert			09 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20116 Medus St			Amount
City	State	Zip Code	22.50
Covington	LA	70435	Transaction ID: a94946c4-7223-4c0d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		102990.77	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		41.70
(b) SUBTOTAL of Unitemized Independent Ex	nandituras		
(b) SOBTOTAL OF STREETINGS INDEPENDENT EX	portantares		7 7 7
(c) TOTAL Independent Expenditures			·
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	EXI EIID			PAGE 57 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Rebecca A Calvert				09 01 / 2014
Mailing Address 20116 Medus St			Amoun	t
City	State	Zip Code		5.22
Covington	LA	70435		ction ID : d1b8aac8-43e1-449d-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 01 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	102990.77	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee Matt M Clarke				f Public Distribution/Dissemination
Mailing Adduses				09 01 2014
Mailing Address 1254 Fleming St Apt 6			Amoun	t
City	State	Zip Code		40.00
Conway	AR	72032	Transac Date of	tion ID: ad64931f-619c-4378-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, ,	72382.59	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S			45.22
C, TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT				7
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		• •	4 4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M = M / 09	03 2014
Signature				

Sc	hedule E)	_/(I	101125				PAGE 58 OF 62 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
 Che	eck if 24-hour report X 48-hour report	X New repo	ort Amer	nds repo	ort filed on	1 M /	D = D / Y = Y = Y
Т	Full Name of Payee Matt M Clarke				Date	of Public	c Distribution/Dissemination
-						09 /	01 / 2014
	Mailing Address 1254 Fleming St Apt 6				Amou	ınt	
l	City	State	Zip Code	-			20.40
		AR	72032				D: 4d839bd9-2543-42f0-a rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09	01 / 2014
ľ	Name of Federal Candidate		Su	ıpport	Office Sough	nt:	House District: 00
	Mr. Mark L Pryor			opose	Preside	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		72382.59		Disbursemer 2014	nt For: Other (sp	Primary
ſ	Full Name of Payee				Date	of Public	Distribution/Dissemination
1	Caleb Craig					M M /	01 2014
ŀ	Mailing Address 1410 Bushville drive					09	01 2014
	1410 Busining direct				Amou	unt	
Ī	City	State	Zip Code				80.00
		NC	28645		Transa Date	of Disbu	D: 340dc62f-7a00-499c-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	01
I	Name of Federal Candidate		Su	upport	Office Sough	nt:	House District: 00
	Ms. Kay Hagan		X Op	pose	Presid	lent 2	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		275139.64		Disbursemer 2014 C	nt For: Other (sp	Primary X General Decify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures				•	-	100.40
((b) SUBTOTAL of Unitemized Independent Expenditures	s		,	· • [
((c) TOTAL Independent Expenditures				•		
٧	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate coarty committee) any political party committee or its age	or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	09	03	2014
	Signature		-				

Schedule E)	EXI END	TOTILO		PAGE 59 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo		wh filed as	-M / D D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee Caleb Craig			M	f Public Distribution/Dissemination
Mailing Address 1410 Bushville drive			Amour	
City	State	Zip Code		60.00
Lenoir	NC	28645		action ID : 6c983e1f-e53b-4778-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	09 / 01 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		75139.64	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	of Public Distribution/Dissemination
Jacob T Craig				09
Mailing Address 1410 Bushville Dr			Amour	nt
City	State	Zip Code		90.00
Lenoir	NC	28645		ction ID : 3fd6ad74-0997-4cc5-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 / 01 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement 2014 Ot	t For:
(a) SUBTOTAL of Itemized Independent Expenditures.				150.00
				7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Date	M = M /	03 2014
Signature		_		

Schedule E)				PAGE 60 OF 62 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
01111	Name of the state		M M	/ D D / Y Y Y Y Y
Check if 24-hour report X 48-hour rep	ort X New rep	ort Amends repo	rt filed on	
Full Name of Payee Jacob T Craig			м = м	blic Distribution/Dissemination
Mailing Address 1410 Bushville Dr			09 Amount	01 2014
Oit.	Chaha	Zin Code		40.00
City Lenoir	State NC	Zip Code 28645		16.20 In ID : 1f0ec169-7889-4016-8 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Dis	01 Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	275139.64	Disbursement For 2014 Other	: Primary
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Christine Stevens			09	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct				
			Amount	
City	State	Zip Code		50.00
Winchester	VA	22602	Transaction Date of Dis	n ID : c15a85a1-f386-4b49-a sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		275139.64	Disbursement For 2014 Other	: Primary X General
(a) SUBTOTAL of Itemized Independent Ex	penditures		•	66.20
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	09 00	
Signature				

Schedule E)		EXI END	II OILEO		PAGE 61 OF 62 FOR SE OF FORM 24/48		
NAME OF COMMITTEE	` ,				FEC IDENTIFICATION NUMBER ▼		
Women Speak	Out PAC		C C00530766				
Check if 24-hour re	port X 48-hour report	New rep	oort Amends repo	ort filed on	= M / D = D / Y = Y = Y		
Full Name of Payee				Date	of Public Distribution/Dissemination		
Parker H Mor	row				08 28 2014		
Mailing Address 50	6 N Horton Street			Amou	nt		
City		State	Zip Code	- [40.00		
Searcy AR 72143				Transaction ID : 4dabfe74-dcaf-4de1-b Date of Disbursement or Obligation			
Purpose of Expendi Salary	ture		Category/ Type 001		08 28 7 2014		
Name of Federal Ca	andidate		Support	Office Sough	it: House District: 00		
Mr. Mark L Pryor			X Oppose	Preside			
Calendar Year- Per Election for		· · · · · · ·	72382.59	Disbursement 2014 O	tt For:		
Full Name of Payee Parker H Morr					of Public Distribution/Dissemination		
					08 28 2014		
Mailing Address	506 N Horton Street			Amou	int		
City		State	Zip Code		31.50		
Searcy		AR	72143	Transa Date	action ID: c1f5b097-501f-4343-8 of Disbursement or Obligation		
Purpose of Expendi Mileage	ture		Category/ Type 002		08 / 28 / 2014		
Name of Federal Ca	andidate		Support	Office Sough	nt: House District: 00		
Mr. Mark L Pryor			Oppose	Presid			
Calendar Year- Per Election fo	To-Date r Office Sought		72382.59	Disbursemer 2014	nt For: Primary		
(a) SUBTOTAL of Its	emized Independent Expendi	tures			71.50		
(a) SOBTOTAL OF RE	mizou muepenuent Expendi	ui cə			7 1.30		
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independ	ent Expenditures				7 1 7 1 7		
with, or at the reques		lidate or authorized			cooperation, consultation, or concert the reporting entity is not a political		
Ms. Emil	y Buchanan	[Electron	nically Filed] Date	e 09	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature							

Sched	dule E)	. EXI EIID			PAGE 62 OF 62 FOR SE OF FORM 24/48		
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Won	nen Speak Out PAC		C C00530766				
Check i	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y		
Full	Name of Payee			Date	of Public Distribution/Dissemination		
SI	helbi L Randall				09 01 2014		
Mai	ling Address 202 East Park Ave Apt 40			Amou	unt		
City	/	State	Zip Code	— I.	45.00		
	Searcy AR 72143			Transaction ID : 0bc4ca71-5033-4046-a Date of Disbursement or Obligation			
	pose of Expenditure lary		Category/ Type 001		09 / 01 / 2014		
Nar	ne of Federal Candidate		Support	Office Sough	ht: House District: 00		
Mr.	Mark L Pryor		X Oppose	Presid	A.D.		
	Calendar Year-To-Date Per Election for Office Sought		72382.59	Disbursemer 2014	nt For: Primary		
	Name of Payee nelbi L Randall			Date	of Public Distribution/Dissemination		
					M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mai	iling Address 202 East Park Ave Apt 40			Amou	unt		
City	,	State	Zip Code	$ \Gamma$	21.72		
Se	arcy	AR	72143	Transa Date	action ID: 6f2c1ed0-0c94-468e-9 of Disbursement or Obligation		
	pose of Expenditure leage		Category/ Type 002		09 / 01 / 2014		
Nar	me of Federal Candidate		Support	Office Sough	ht: House District: 00		
Mr.	. Mark L Pryor		Oppose	Presid			
	Calendar Year-To-Date Per Election for Office Sought	, ,	72382.59	Disbursemer 2014	ent For: Primary		
(a) S	SUBTOTAL of Itemized Independent Expenditure	9			66.72		
\ /					7 7 7		
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) 1	FOTAL Independent Expenditures				4662.02		
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidate committee) any political party committee or its a	te or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 09	03 2014		
S	ignature						